VWS
VALLEY WELDING &
INDUSTRIAL SUPPLY

6940 Meany Ave, Bakersfield, CA 93308 • PO Box 2940, Bakersfield, CA 93303
Ph (661) 410-9353 • Fax (661) 410-4691

Credit Application

Applicant Name_____ **Year Established**_____

Mailing Address_____ **City**_____ **State**_____ **Zip**_____

Ship Address_____

Phone Number_____ **Fax Number**_____

Purchasing Contact_____ **A/P Contact**_____

( ) Corporation **( ) Partnership** **( ) Sole Proprietor** **( ) Individual**

Principle Stock Holders and Officers:

Name	**Address**	**City**

Federal Tax ID# _____ **Social Security #** _____

Bank_____ **Phone Number**_____

Address_____ **Officer**_____

_____ **Acct Number(s)**_____

Credit References

Name_____ **Phone Number**_____

Address_____ **Acct Number**_____

Name_____ **Phone Number**_____

Address_____ **Acct Number**_____

Name_____ **Phone Number**_____

Address_____ **Acct Number**_____

I certify that the information above is true and correct, and that the above named applicant can and will comply with the terms of such credit that VWS extends. By signing this application, I hereby authorize the above named credit and bank references to release information regarding my accounts to VWS or for VWS to obtain a credit report.

_____	_____	_____
Authorized Signature	**Title**	**Date**